

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35718

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis,** (d) Street No. **St. Lukes Hospital.** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Brenner.**

(a) Residence, No. **312A No. Euclid Ave.** St. **12**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed.**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Brenner.**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 17, 1859**  
7. AGE YEARS **78** MONTHS **0** DAYS **16** If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home.**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Kentucky.** (STATE OR COUNTRY)

13. NAME **Antone Zorn.**  
14. BIRTHPLACE (CITY OR TOWN) **Bavaria.** (STATE OR COUNTRY)

15. MAIDEN NAME **Dont Know.**  
16. BIRTHPLACE (CITY OR TOWN) **Dont Know.** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Jerome S. Brentlinger.** (ADDRESS) **312A N. Euclid Ave**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **Louisville, Ky.** DATE **Oct. 4, 1937.**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt.** (ADDRESS) **3840 Lindell Blvd.**

20. FILED **OCT 4 1937** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 3 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 11**, 19**37**, to **Oct 3**, 19**37**.

I last saw h. **e** alive on **Oct 2**, 19**37**. Death is said to have occurred on the date stated above, at **7. P.** m.

The principal cause of death and related causes of importance were as follows:

**Chronic Nephritis**

Date of onset

**Unknown**

Other contributory causes of importance:

**None Malignant**  
**Fecal Impaction for 1 mo**  
**in which operation was performed**

Name of operation **Exploratory Laparotomy** Date of **Sept 11**

What test confirmed diagnosis? **Blood Clot** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No.**

Go on, specify (Signed) **Ch. Keyes** M. D.

(Address) **400 Michigan St.**

Mr. E. H. Meyer  
West Bldg 12-1

STATEMENT BY LICENSED EMBALMER

I, Alfred F. Boedeker, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Alfred F. Boedeker*

Licensed Embalmer No. 2663

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**